Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: CCIC/AR/UNITFORM/04/09 SERFF Tr Num: CARC-125915816 State: Arkansas

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0004 Truckers Co Tr Num: State Status: Fees verified and

CCIC/AR/UNITFORM/04/09 received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Dorothy Dobbs, MANAGER Disposition Date: 11/24/2008

Date Submitted: 11/21/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009

05/01/2009

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:

Project Number: Domicile Status Comments: IOWA HAS

APPROVED THIS FORM

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Carolina Casualty Insurance Company - NAIC No. 098-10510 FEIN No. 59-0733942

Carolina Casualty Commercial Auto and General Liability Endorsement

CTP 5763 (04/09), "Reporting Form Endorsement – Power Units".

Effective Date: April 1, 2009 New Business; May 1, 2009 Renewals

Company Tracking No.: CCIC/AR/UNITF0RM/04/09

SERFF Tracking Number: CARC-125915816 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Carolina Casualty Insurance Company herewith files the above referenced form filing.

We are filing editorial revisions to a previously filed and approved form. This form was approved within the last 45 days. As we prepared the form for our Policy Issuance System, we noticed several clerical errors. We have corrected the form for our system. We would like to withdraw CTP 5763 (03/09), "Reporting Form Endorsement – Power Units" and replace it with the updated edition, CTP 5763 (04/09), "Reporting Form Endorsement – Power Units".

Company and Contact

Filing Contact Information

Dorothy Dobbs, Senior Analyst ddobbs@carolinacas.com
P O BOX 2575 (800) 874-8053 [Phone]
Jacksonville, FL 32203 (904) 363-7276[FAX]

Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa

4600 TOUCHTON RD E Group Code: 98 Company Type: PROPERTY &

CASUALTY

BLDG 100, SUITE 400

Jacksonville, FL 32246 Group Name: State ID Number:

(904) 363-0900 ext. 8070[Phone] FEIN Number: 59-0733942

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: AS MANDATED BY THE AR DEPT.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SERFF Tracking Number: CARC-125915816 State: Arkansas State Tracking Number: EFT \$50

Filing Company: Carolina Casualty Insurance Company

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number:

Carolina Casualty Insurance Company \$50.00 11/21/2008 24098800

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/24/2008	11/24/2008

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Disposition

Disposition Date: 11/24/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Form REPORTING FORM ENDORSEMENT- Approved Yes

POWER UNITS

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readabilit	y Attachment
Status			Date		Data	
Approved	REPORTING	CTP5763	04/09	Endorseme Replaced	Replaced Form #:	CTP5763(04
	FORM			nt/Amendm	CTP5763 (03/09)	09).pdf
	ENDORSEMEN ^T	Т		ent/Conditi	Previous Filing #:	
	-POWER UNITS	}		ons	CARC-	
					125874313	

POLICY NO.

\$

REPORTING FORM ENDORSEMENT – POWER UNITS

This endorsement modifies insurance provided under the following:

CARGO COVERAGE
BUSINESS AUTO COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE
GARAGE COVERAGE
MOTOR CARRIER COVERAGE
TRUCKERS COVERAGE

Power Units = All "autos" owned by or under a long term lease to you.

We agree with you that for the coverages scheduled in this endorsement the premium you will pay will be a composite premium calculated on the following basis:

COVERAGE I - LIABILITY AND CARGO

	ESTIMATED NUMBER OF POWER UNITS	MONTHLY COMPOSITE RATE	ESTIMATED PREMIUM PER COVERAGE	MINIMUM PREMIUM PER COVERAGE	MONTHLY ESTIMATED PREMIUM PER COVERAGE
Auto Liability		\$	\$	\$	\$
Garage Liability		\$	\$	\$	\$
General Liability		\$	\$	\$	\$

"Monthly Estimated Promium": \$		
"Monthly Estimated Promium":	"Minimum Policy Premium":	\$
	"Monthly Estimated Premium":	¢

Monthly Reports: If Coverage I is provided, you will send us, within 15 days after the end of each calendar month the policy is in force, a report based upon the box marked above showing the number of power units owned by or under a long term lease to you and describing all covered "autos" as of the last day of the month. The description should include make, model, year and vehicle identification number of each covered "auto." You may amend the schedule of covered "autos" by adding or deleting "autos" at any time during the month showing this change of all covered "autos" as of the last day of the month in your next monthly report. This report will be used to determine the "Coverage I Monthly Reported Premium."

"Coverage I Monthly Reported Premium" is determined as follows:

We will use the number of power units you report to us as being owned by or under a long term lease to you during a calendar month multiplied by the composite rate shown in the schedule above to determine the "Coverage I Monthly Reported Premium". For those months reports are not received, we will charge as "Coverage I Monthly Reported Premium" the greater of the "Monthly Estimated Premium" or an amount which equals the largest month previously reported for the number of power units.

Monthly Payment: If Coverage I is provided, you must pay us the greater of the "Coverage I Monthly Reported Premium" or the "Monthly Estimated Premium" within 15 days of the end of each calendar month the policy is in force. If you fail to pay the monthly premium as required, we may cancel the policy.

Cargo

"Coverage I Total Premium" is determined as follows and is used in computing the "Total Policy Premium":

If the policy is not cancelled prior to the end of the policy period, the "Coverage I Total Premium" is the greater of the "Minimum Policy Premium" or the total of all "Coverage I Monthly Reported Premium;" or

If the policy is cancelled by us prior to the end of the policy period, the "Coverage I Total Premium" for the term is the greater of all "Coverage I Monthly Reported Premium" or the pro-rata for the period the policy is in force of the "Minimum Policy Premium"; however, if the policy is cancelled by us for nonpayment of premium a penalty of 10% of the "Estimated Policy Premium" which would have been earned for the period covering from the new expiration date to the original expiration date shown in the Declarations will also apply; or

If the policy is cancelled by you prior to the end of the policy period, the "Coverage I Total Premium" for the term is the greater of the total of all "Coverage I Monthly Reported Premium" or the pro-rata for the period the policy is in force of the "Minimum Policy Premium." A penalty of 10% of the "Estimated Policy Premium" which would have been earned for the period covering from the new expiration date to the original expiration date shown in the Declarations will also apply.

COVERAGE II - PHYSICAL DAMAGE

	The estimated exposure shown be g covered for Automobile Physical	•	licy inception of all vehicles
	CCTIMATED	MONTHLYCOMPOCITE	L COTIMATED DDEMILINA

	ESTIMATED EXPOSURE	MONTHLYCOMPOSITE RATE PER \$100 OF EXPOSURE	ESTIMATED PREMIUM PER COVERAGE
Auto Physical Damage	\$	\$	\$

Monthly Reports: If Coverage II is provided as shown above, you will send us, within 15 days after the end of each calendar month the policy is in force, a report showing total values and describing all covered "autos" as of the last day of the month. The description should include make, model, year, vehicle identification number and value of each covered "auto." You may amend the schedule of covered "autos" by adding or deleting "autos" at any time during the month, showing this change in value of all covered "autos" as of the last day of the month in your next monthly report. You may not depreciate vehicles during the policy period without our written agreement. Short term rentals of less than 30 days duration should be valued on a pro rata basis. If you fail to send us a monthly report showing the total value of all scheduled vehicles for a calendar month we may cancel your policy. If we do not have a current report showing the total value of all covered "autos", we will pay claims and charge premium based on the latest report we have on file.

"Coverage II Monthly Reported Premium" is determined as:

The actual value of covered "autos" reported by you to us each month is multiplied by the composite rate shown in the schedule above to determine the "Coverage II Monthly Reported Premium". For those months reports are not received, we will charge as "Coverage II Monthly Reported Premium" an amount which equals the latest month's report of the value of all covered "autos".

Monthly Payment: If Coverage II is provided as shown above, you must pay us the "Coverage II Monthly Reported Premium" within 15 days after the end of each calendar month the policy is in force. If you fail to pay the monthly premium as required, we may cancel your policy.

"Coverage II Total Premium" is determined as follows and is used in computing the "Total Policy Premium":

If the policy is not cancelled prior to the end of the policy period, the "Coverage II Total Premium" is the total of all "Coverage II Monthly Reported Premium"; or

If the policy is cancelled by us prior to the end of the policy period, the "Coverage II Total Premium" for the term is the total of all "Coverage II Monthly Reported Premium"; however, if the policy is cancelled by us for nonpayment of premium a penalty of 10% of the "Estimated Policy Premium" which would have been earned for the period covering from the new expiration date to the original expiration date shown in the Declarations will also apply; or

If the policy is cancelled by you prior to the end of the policy period, the "Coverage II Total Premium" for the term is the total of all "Coverage II Monthly Reported Premium" and a penalty of 10% of the "Estimated Policy Premium" which would have been earned for the period covering from the new expiration date to the original expiration date shown in the Declarations will apply.

APPLICABLE TO BOTH COVERAGE I AND COVERAGE II:

"Estimated Policy Premium"	\$
"Deposit Premium"	\$

- a. The "Estimated Policy Premium" is based on the exposures you provided us when this policy began.
- b. You agree to pay us the "Deposit Premium" at the policy inception date. The "Deposit Premium" is to be held by us until the completion of the billing cycle for the policy period or any audit we conduct is completed. The "Deposit Premium" may be in the form of cash or Letter of Credit (the Letter of Credit is to remain in force for at least 120 days past the policy expiration date). The "Deposit Premium" will be applied to pay the "Total Policy Premium" as described below.
- c. We will determine the "Total Policy Premium" after the end of the policy term and any final audit we may conduct is completed. If the "Total Policy Premium" exceeds the sum of the premiums paid to us and the "Deposit Premium", you shall pay the excess to us; if less, we shall return to you the unearned portion of the premiums and deposits paid.
- d. We may audit the policy during, or after, the policy term and collect any additional premium that may be due us based upon the applicable revised number of power units owned by or under a long term lease to you or the total values of covered "autos".
- e. You will maintain and make available to us or an authorized representative (during the policy period and until any final audit we may conduct is completed) records which contain the information necessary for us to compute the premium.

Additional Definitions used in this endorsement:

"Deposit Premium" is the premium amount shown above.

"Estimated Policy Premium" shown above is the estimated number of power units owned by or under a long term lease to you or the total values of scheduled vehicles for the entire policy period multiplied by the respective composite rate.

"Minimum Policy Premium" is shown in the schedule above for Coverage I. The "Minimum Policy Premium" is the least we will accept for the coverages provided in Coverage I if this policy is in force for the policy period shown on the Declarations.

"Monthly Estimated Premium" applies to Coverage I and is shown in the schedule above.

"Total Policy Premium" is the sum of the "Coverage I Total Premium" and the "Coverage II Total Premium".

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: CCIC/AR/UNITFORM/04/09

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: CCIC/AR/UNITFORM/04/09

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 11/24/2008

Property & Casualty

Comments:

Attachments:

AR NAIC-TranS_0409_.pdf CTP AR UNIT FORM 040109.pdf AR CTP UNIT 2 letter.04 2009.pdf

Property & Casualty Transmittal Document

1.	1. Reserved for Insurance 2. Insu			urance Department Use only				
		te the	the filing is received:					
b. Analy			alyst:					
c. Dispo								
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	Company							
5.	Company Tracking Number			CCIC	/ΔR/LINIT	FORM/04/09		
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	ntact Info of Filer(s) or Corporate				-free numb	•		e-mail
6.	Name and address DOROTHY DOBBS	Title MANAGE			hone #s 374-8053	FAX # (904) 363-7276	ddobb	e-maii s@carolinacas.
	DONOTHI DOBBO	WANAGE	1	(000)	74-0033	(904) 303-7270	com	s e caronnacas.
					-41			
7.	7. Signature of authorized filer			Warothy E. Walles				
8.	8. Please print name of authorized filer			DOROTHY DOBBS				
Filing information (see General Instructions								
9. Type of Insurance (TOI)			Commercial Auto/General Liability Trucks					
10. Sub-Type of Insurance (Sub-TOI) 11. State Specific Product code(s)(if			Trucks					
applicable)[See State Specific Requirements]								
12.	Company Program Title (Mark							
13.	Filing Type					[] Rules [] R		
						nbination Rates/F		rms
				[] Withdrawal[] Other (give description)				
14.	14. Effective Date(s) Requested			New: 04/01/09 Renewal: 05/01/09				
15.	Reference Filing?		[]	Yes	[X] No			
16.	Reference Organization (if ap			/A				
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19.	Company's Date of Filing Status of filing in domicile		_	/20/08 Not File	vd [] D-	ending [x] Autho	rizod [] Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # CCIC/AR/UNITFORMS/04/09

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

CAROLINA CASUALTY IS FILING A REVISED FORM CTP 5763 (04/09), ""REPORTING FORM ENDORSEMENT – POWER UNITS". PREVIOUS SERFF FILING #CARC-125874313

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount: \$50.00 EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CCIC/AR/UNITFORM/04/09
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NOT APPLICABLE

(Company tracking number of rate/rule in	ing, ii applicable)	1101 III I ETCHBEE	
3. FORM NAME/DESCRIPTION	FORM #, ED DATE	REPLACEMENT OR WITHDRAWN	FORM # & EDITION
REPORTING FORM END POWER UNITS	CTP 5763(04/09)	REPLACEMENT FORM	CTP 5763(03/09)



PO Box 2575 · Jacksonville, Florida 32203 · Phone 904-363-0900 · Fax 904-363-8098

November 20, 2008

Honorable Julie Benafield Bowman Commissioner of Insurance Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201-1904

Re: Carolina Casualty Insurance Company - NAIC No. 098-10510 FEIN No. 59-0733942

Carolina Casualty Commercial Auto and General Liability Endorsement CTP 5763 (04/09), "Reporting Form Endorsement – Power Units". Effective Date: April 1, 2009 New Business; May 1, 2009 Renewals

Company Tracking No.: CCIC/AR/UNITF0RM/04/09

Dear Commissioner Bowman:

Carolina Casualty Insurance Company herewith files the above referenced form filing.

We are filing editorial revisions to a previously filed and approved form. This form was approved within the last 45 days. As we prepared the form for our Policy Issuance System, we noticed several clerical errors. We have corrected the form for our system. We would like to withdraw CTP 5763 (03/09), "Reporting Form Endorsement – Power Units" and replace it with the updated edition, CTP 5763 (04/09), "Reporting Form Endorsement – Power Units".

We have attached the revised form. Thank you for your consideration and we look forward to your approval.

Sincerely,

Dorothy E. Dobbs, Manager Regulatory Affairs Department Phone: 800-874-8053 x8070

E-mail: ddobbs@carolinacas.com

Warothy E. Walls